

## Instructions

- Please print clearly and fill in all fields marked with an asterisk (\*)
- Return completed form  
via fax: Attn Education and Training, (02) 9280 4755  
or post: Attn Education and Training, PO Box 20156, World Square NSW 2002
- Confirmation of attendance at indicated session will be provided **one week prior** to the session
- For online registration go to: **www.carersnsw.asn.au**

## Session Details

*Date	<input type="text"/>	*Time	<input type="text"/>
*Location	<input type="text"/>	Venue (if known)	<input type="text"/>

How did you find out about this session?

- |   |  |
|---|--|
| <input type="checkbox"/> Carers NSW promotional flyer | <input type="checkbox"/> Mentioned at another Carers NSW event |
| <input type="checkbox"/> Carers NSW website           | <input type="checkbox"/> Colleague recommended                 |
| <input type="checkbox"/> Manager organised training   | <input type="checkbox"/> Other _____                           |

## Personal Details

*First name	<input type="text"/>	*Surname	<input type="text"/>
*Job Title/ Position	<input type="text"/>		
*Organisation	<input type="text"/>		
*Address	<input type="text"/>		
*Email	<input type="text"/>		
*Phone (w)	<input type="text"/>	*Mobile	<input type="text"/>

Special Requirements

- Dietary
  Access
  Other

Please detail:

Please indicate if you identify as

- Aboriginal or Torres Strait Islander
 OR
  Culturally and Linguistically Diverse background

Target group/s of your service

- Aged
  Disability
  Carers
  Other

Please detail: